



GEORGE FOX  
UNIVERSITY

SCHOOL OF EDUCATION

# APPLICATION FOR ADMISSION

*Post Graduate Certificate in Trauma Response Services*

*George Fox University  
Office of Admissions*

*12753 S.W. 68th Ave.  
Portland, OR 97223*

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# GEORGE FOX UNIVERSITY

Trauma Response Institute  
Application for Post-Graduate Certificate  
In Trauma Response Service

## Program Interest:

Please check all that apply based on your current interest

I have already completed TRI coursework

I intend to start TRI coursework during \_\_\_ Fall; \_\_\_ Spring; \_\_\_ Summer of \_\_\_ (year)

I am seeking application to enter Post-Graduate Certificate in *Trauma Response Services*.

I am only interested in taking TRI courses and may seek to earn the post-graduate certificate in the future.

I do not have a qualifying graduate degree, nor am I a current GFU graduate student, but am seeking an exception due to my current job/employment requirements.

I am currently a GFU degree-seeking graduate student in the following program: \_\_\_\_\_

Other Interest: \_\_\_\_\_

Full legal name: \_\_\_\_\_

First

Middle

Last

Preferred Name: \_\_\_\_\_

Other names used (including maiden name): \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone numbers:

Home: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Are you a U.S. resident?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, please explain on a separate page.

*The following questions are optional. No information you provide will be used in a discriminatory manner.*

Social Security number or Personal government issued Tax ID number \_\_\_\_\_

*Required for tax reporting and financial aid/loan eligibility.*

Birth date \_\_\_\_\_(MM/DD/Year)

Your place of birth \_\_\_\_\_  Male  Female

Religious affiliation \_\_\_\_\_ Marital status:  Single  Married

Are you bilingual?  Yes  No If yes, what is your second language? \_\_\_\_\_

*Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:*

Do you consider yourself to be Hispanic/Latino?  Yes  No

*In addition, select one or more of the following racial categories to describe yourself:*

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

*\*If you provide your Social Security number, George Fox University uses it for keeping records, doing research, and reporting. The University does not use your number to make any decision directly affecting you or any other person. Your Social Security number is not given to the general public. If you choose not to provide your Social Security number, you are not denied any rights as a student. Providing your Social Security number means that you consent to the use of the number in the manner described*

**Professional Work History:** List recent professional employment (Job title; name of employer), starting with your current position and going back no more than five (5) years or the last 4 positions. Place a star (\*) next to positions requiring trauma response or crisis intervention services:

Years of Employment	Job Title	Employer Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Trauma Response/Crisis Intervention Volunteer Work History:** List examples of trauma response or crisis intervention volunteer work you have had the opportunity to offer. It does not need to be an exhaustive list. Provide examples of most significance to you.

Type of Service	Organizational Affiliation
_____	_____
_____	_____
_____	_____

**Essay Response:**

Complete a 2 ½ to 3 page typed double-spaced essay addressing each of the following three questions. Address each question distinctly and limit each question's response to no more than 1 page:

1. For post-graduate applicants: within the context of your professional work experience, describe your strengths and challenges. For current GFU graduate students: describe your emerging professional strengths and challenges. For all applicants: address how these qualities do or will serve you as a traumatology specialist.
2. Describe your volunteer or paid experience in crisis intervention, trauma response, and/or disaster mental health. Identify what you learned, and/or how you were challenged.
3. Describe your reasons for pursuing a post—graduate certificate in *Trauma Response Services*. Include areas of special interest, if known.

**Post Graduate Students only:**

**References:**

**You will need two professional references to accompany your application. Please print two copies of the attached reference sheets.**

**Transcripts:**

**Submit an official copy of your qualifying degree transcripts.**

**Educational and Social Philosophy:**

George Fox University is a Christian liberal arts university committed to intellectual and academic excellence. During the time you are a student on the George Fox campus or involved in a George Fox project off campus, you are expected to comply with and respect the spirit and intention of the George Fox University community (see catalog).

Your completion of this application and your signature below indicate your willingness to cooperate and comply with the purpose and expectations of the university.

*I certify that to the best of my knowledge, the information furnished on this application is true and complete. I authorize investigation of all information provided during the application process. References provided may give George Fox University any and all information requested as well as any other pertinent information they may have, personal and otherwise. I release from all liability or responsibility George Fox University, its agents, and all people, companies, or corporations providing information to the university about me.*

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Signature

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Date

# GEORGE FOX UNIVERSITY

## PROFESSIONAL RECOMMENDATION

### *Graduate Department of Counseling*

This form is to be filled out by your employer or a professional acquaintance who knows you well. It should not be completed by a member of your immediate family.

#### **Section A: To be completed by applicant**

Applicant's name \_\_\_\_\_  
Last First Middle

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

1. I *waive* my right to examine this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

2. I *do not waive* my right to examine this form, and I authorize the person completing this form to provide a candid evaluation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Applying for:

- |  |   |
|--|---|
| <input type="checkbox"/> Master of Arts in Counseling                  | <input type="checkbox"/> Certificate in Marriage and Family Therapy |
| <input type="checkbox"/> Master of Arts in Marriage and Family Therapy | <input type="checkbox"/> Certificate in School Counseling           |
| <input type="checkbox"/> Master of Arts in School Counseling           | <input type="checkbox"/> Certificate in School Psychology           |
| <input type="checkbox"/> Master of Science in School Psychology        |   |
| <input type="checkbox"/> Certificate in Trauma Response Services       |   |

#### **Section B: To be completed by reference**

The above student is applying for admission to the Graduate Department of Counseling at George Fox University. A full and candid report is essential if fair consideration is to be given the applicant. This completed form is for the admission process only, and does not become part of the student's file. In making the following ratings please keep in mind that they will be used to compare this student with other able students.

1. How long have you known the applicant?

2. How well have you known the applicant?

3. In what context?

*Please complete both sides*

<b>Emotional/Personality Ratings</b>	Below average 1-50%	Average 50-80%	Above average 80-95%	Truly outstanding 95-100%	Unable to judge
Capacity for objective evaluation of self					
Maturity of judgment					
Open-mindedness, tolerance of differences					
Ability to handle stress					
Relates without being pushy or aggressive					
Relates to others without manipulation					
Forms relationships with ease					
Capacity to receive feedback constructively					
<b>Overall academic preparedness for graduate school</b>					

<b>Ratings of Work Skills</b>	Below average 1-50%	Average 50-80%	Above average 80-95%	Truly outstanding 95-100%	Unable to judge
Dependability					
Openness to learning new skills					
Capacity for independence					
Willingness to take initiative					
<b>Appropriate professional attitude</b>					

In consideration of the applicant's suitability for study and overall potential for professional practice in the mental health profession, please check on of the following:

I do not recommend

I recommend with reservation

I recommend

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Business or Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

May we call you about this applicant?

\_\_\_Yes \_\_\_No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

Send this form to: Office of Graduate Admissions  
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